

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35909

State File No.

NOV 12 1952

BIRTH NO.

REG. DIST. NO. 275

PRIMARY REG. DIST. NO. 3053

Registrar's No. 214

1. PLACE OF DEATH a. COUNTY <u>Helps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rolla</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rolla - Sherrell</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Helps Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>3 Mi E of Licking Mo</u>	
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Edgar</u> c. (Last) <u>Lewis</u>		4. DATE OF DEATH (Month) <u>Nov</u> (Day) <u>13</u> (Year) <u>1952</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>10-8-1932</u>
10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <u>General labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11a. FATHER'S NAME <u>Johnnie Lewis</u>		11b. MOTHER'S MAIDEN NAME <u>Mildred Poe</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Verona Lewis</u>		ADDRESS <u>Licking Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Concussion of Brain</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of rt. femur</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>107 Texas, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11 2 52 14</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Fell asleep at wheel and car hit tree.</u>			
22. I hereby certify that I attended the deceased from <u>11-2</u> , 19 <u>52</u> , to <u>11-2</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11-2</u> , 19 <u>52</u> , and that death occurred at <u>2 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Scott L. Kramer MD</u>		23b. ADDRESS <u>Houston, Mo</u>	
23c. DATE SIGNED <u>11-5-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-6-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Craddock Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Texas Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 5, 1952</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith & Ferguson</u>		ADDRESS <u>Licking Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number _____
Date Filed 11-10-52

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Hubert E. Ferguson

Licensed Embalmer No.

3945

P. O. Address

Licking Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

- If this body is not embalmed, fact should be so stated above.